

Wisconsin Department of Regulation & Licensing

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EXAMINING BOARD OF ARCHITECTS, LANDSCAPE ARCHITECTS, PROFESSIONAL ENGINEERS, DESIGNERS AND LAND SURVEYORS

ARCHITECT SECTION

REQUEST TO APPLY FOR ARCHITECT EXAMINATION

PLEASE TYPE OR PRINT IN INK

Last Name: _____ First Name: _____ MI: _____

Former Name(s) - If Applicable: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone (days): (____) _____ Date of Birth: _____

Ethnic and gender status information is optional, and is for research and reporting to the Equal Employment Opportunity Commission.

Race: _____ (1) White, not of Hispanic origin _____ (4) American Indian or Alaskan
_____ (2) Black, not of Hispanic origin _____ (5) Asian or Pacific Islander
(Check one) _____ (3) Hispanic _____ (6) Other

Sex: _____ M _____ F

Intern Development Program: Place an "X" in ONE space only indicating how you qualify.

_____ NCARB IDP Periodic Assessment Report

_____ Equivalent Intern Development Program Record of Experience (Form #1947).

FOR BOARD APPROVAL ONLY

BY _____

BY _____

BY _____

DATE _____

EDUCATION: (Official Transcripts Required)

Colleges <u>Attended</u>	Degree <u>Received</u>	Date of <u>Graduation</u>	<u>Major</u>
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APPLICATION FEE: Please make check payable to Department of Regulation and Licensing and attach to application.

\$ 68.00 fee

For Receipting Use Only

Wisconsin Department of Regulation & Licensing

STATEMENT OF ARREST OR CONVICTION: (Attach additional sheets if necessary)

	<u>YES</u>	<u>NO</u>
A. Have you ever been convicted of a misdemeanor or a felony, or driving while intoxicated (DWI), in this or any other state, or are criminal charges currently pending against you? If yes, complete and attach Form #2252.	<input type="checkbox"/>	<input type="checkbox"/>
B. Have you ever surrendered, resigned, cancelled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency.	<input type="checkbox"/>	<input type="checkbox"/>
C. Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to, any warning, reprimand, suspension, probation, limitation or revocation? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.	<input type="checkbox"/>	<input type="checkbox"/>
D. Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.	<input type="checkbox"/>	<input type="checkbox"/>
E. Have any suits or claims ever been filed against you as a result of professional services? If yes, submit a copy of the claim or suit and a copy of the final settlement or disposition.	<input type="checkbox"/>	<input type="checkbox"/>
F. Do you currently hold, or have you in the past held, any credential (license) issued by the Department of Regulation and Licensing or any of the Boards? If yes, what type of credential? _____ And if in another name, what name? _____	<input type="checkbox"/>	<input type="checkbox"/>

Note: An arrest or conviction does not automatically disqualify an applicant. Consideration of the record by the board is subject to sec. 111.321, 111.322, and 111.335, Stats.

I understand that eligibility for examination does not imply eligibility for licensure and that upon successful completion of the examination, additional information will be requested by the Architects Section of the Examining Board of Architects, Landscape Architects, Professional Engineers, Designers and Land Surveyors to satisfy requirements outlined in ch. 443, Stats. and sec. A-E 3, Wis. Admin. Code.

Under the penalties of perjury, I declare the information contained in this application is true to the best of my knowledge and belief.

Signature of Applicant

Date

Wisconsin Department of Regulation & Licensing

SOCIAL SECURITY NUMBER. Your social security number (or employer identification number if you are applying as a business entity) must be submitted with your application on this form. If you do not have a social security number you must submit a statement under oath or affirmation. If your social security number or a statement is not provided, your application will be denied.¹ A form for submitting a statement that you do not have a social security number is available from the department.

(Please Print)

First Name

Middle Initial

Last Name

Profession

Date of Birth

month

day

year

- -

Social Security Number or FEIN

The Department may not disclose the social security number collected above except to the Department of Workforce Development for purposes of administering the child and spousal support program,² to the Department of Revenue for the purpose of determining whether you are liable for delinquent taxes,³ and to the federal Healthcare Integrity and Protection Data Bank for the purpose of reporting adverse actions against health care practitioners.⁴

¹ Section 440.03 (11m), Wis. Stats.

² Sections 49.22, and 440.13, Wis. Stats.

³ Section 440.12, Wis. Stats.

⁴ Health Insurance Portability and Accountability Act (HIPAA) of 1996

This form is authorized by secs. 440.12 and 440.14, Wis. Stats. Making a false statement in connection with this application may result in revocation or denial.